ECY 040-1-14

Rev. 7/97 \*\* f

**APPLICATION** 

For Ecology Use
Fee Paid 10

Date 22 Dec 03

Please follow the attached instructions to avoid unnecessary delays.

the state of the s	NIZATION, OR WATER SYSTEM
Name John Schenstra Mailing Address 3170 E. Smith Rol.	Home Tel: (360)592 - 2196
Mailing Address 3170 E. Smith Rol.	Work Tel: (360) 592 - 2196
City Bellingham StateWA Zip+4982	<del>2(6_+</del> FAX: ()
Section 2. CONTACT - PERSON TO CALI  Same as above	ABOUT THE APPLICATION
Name	Home Tel: ()
Mailing Address	
City State Zip+4	+ FAX: ()
Relationship to applicant	
Section 3. STATEMENT OF INTENT	
The applicant requests a permit to use not more than	28 (a gallons per minute or
□ cubic feet per second) from a □ surface water source or of □ Domestic / Public Supply	ground water source (check only one) for the purpose(s)
DESCRIPTION OF THE PLACE OF USE. (See instruct	ions.) NOTE: A tax parcel number or a plat number is not
sufficient. Estimate a maximum annual quantity to be used in acre-foot	per vegr. 7. 2
Check if the water use is proposed for a short-term pro	oject. Indicate the period of time that the water will be needed:
From/ to/	
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for well(s).
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s):
	6" x 22 deep
LOCATION	
Enter the north-south and east-west distances in feet fr section corner: 2200 feet East, 2400 feet	
	If location of source is platted, complete
1/4 of 1/4 of Section Township Range (E/W	
	Lot Block Subdivision
W/2 SE14 29 39N 4EW	).M. whatcom
For Ecology Use Date Received: Prior	ity Date:
SEPA: Exempt/Not Exempt FERC License #	Dept. Of Health #
Date Accepted As CompleteBy	Date ReturnedByWRIA:

Appl. No.: 6 - 28 97

Sec	ction 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named: No name	
par	Briefly describe your proposed water system. (See instructions.) We are required because of the Dash. State Supreme court decision that cel above to Homes needs a water right.  We need water for 8 homes. I wells are already is be drilled for a total of I wells to be shared by 8 see attached picture of storage tank with 1/2 hors	n. Zwells need homes.
C.	Do you already have any water rights or claims associated with this property or syste PROVIDE DOCUMENTATION.	em? YES NO
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFompleted for all domestic/public supply uses.)	FORMATION
A.	Number of "connections" requested: Type of connection (Homes, A	Apartment, Recreational, etc.)
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water County Health Department. OS Shares Augil Able	■ YES □ NO systems are identified by your
Con	nplete C. and D. only if the proposed water system will have fifteen	n or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved.	☐ YES ☐ NO pproved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved.	☐ YES ☐ NO pproved version of your plan.
INTERNATION STATE	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMAT ompleted for all irrigation and agriculture uses.)  Total number of acres to be irrigated: List total number of acres for other specified agricultural uses:  Use Acres	ION
	Use Acres Use Acres	
C.	Total number of acres to be covered by this application:	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).	
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?         If yes, enter permit no.:     </li> </ol>	☐ YES ☐ NO☐ YES ☐ NO
Е.	Farm uses: Stockwater - Total # of animals Animal Type  Dairy - # Milking # Non-milking	(If dairy cattle, see below)



NOTE: If you will be storing 10 acre-feet or more of water and/or if the wooint, and some portion of the storage will be above grade, you must also reservoir permit application from the Department of Ecology.	eater depth apply for	h will be 10 feet or more at the deepe. a reservoir permit. You can get a
Section 9. DRIVING DIRECTIONS		
Provide detailed driving instructions to the project site.		
I-5 North to Bellingham take e	xit	# 255. Go right
(east) on SR 542 mT. Baker Hwy.	60	1 + or - miles to
I-5 North to Bellingham take e (east) on SR 542 mT. Baker Hwy. East Smith Rd. take a left (we is on the North side of the road	5+)+	or 12 mile. Property
Section 10. REQUIRED MAP		
A. Attach a map of the project. (See instructions.)		
Section 11. PROPERTY OWNERSHIP		
A. Does the applicant own the land on which the water will be used?		a Yes □ N
If no, explain the applicant's interest in the place of use and provid of the owner(s):	e the nam	e(s) and address(es)
B. Does the applicant own the land on which the water source is locat	ed?	ĭ YES □ NO
If no, submit a copy of agreement:		
I certify that the information above is true and accurate to the best of	my know	vladge I understand that in order
to process my application, I grant staff from the Department of Ecolomonitoring purposes. Even though I may have been assisted in the pr	gy access	to the site for inspection and
employees of the Department of Ecology, all responsibility for the acc	uracy of	the information rests with me.
		11/10/03
Applicant (or authorized representative)	Date	
SAME		
Landowner for place of use (if same as applicant, write "same")	Date	

**APPLICATION** 

☐ YES

■ NO

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

		*
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Took		
		*
		*
e are returning your application for the following rea	son(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER,
		PO BOX 5128, LACEY, WA
		98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN TO THE
ncomplete		APPROPRIATE REGIONAL
		OFFICE
Explanation:		
* · · · · · · · · · · · · · · · · · · ·		
Please provide the additional information requested a	bove and return your	application by
(date).		
cology staff	Date	
cology is an Equal Opportunity and Affirmative Action	n employer	
o receive this document in alternative format, contact	the Water Resources	Program at (360) 407-6604 (Voice

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

or (360) 407-6006 (TDD).

APPLICATION

## land desciption:

The West one-half of the Southeast quarter of Section 29, Township 39 North. Range 4 east of D.M. Except the east Smith road and except that portion as conveyed to whatcom County under Auditor's file no. 830325015

Diviensions
1000 fallor
100 L
59 H
1500 ballor
129 L
65 H



